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# **TEACHER PERSPECTIVES ON SOCIAL THINKING**

By

Kelley A. Sarnelle

A Thesis

Submitted to the  
Department of Interdisciplinary and Inclusive Education  
College of Education  
In partial fulfillment of the requirement  
For the degree of  
Master of Arts in Special Education  
at  
Rowan University  
May 2, 2018

Thesis Chair: S. Jay Kuder, Ed.D.



## **Dedication**

I would like to dedicate this thesis to my family, friends, and coworkers who helped make this a reality.

## **Acknowledgement**

I would like to express my gratitude to Dr. Kuder for his guidance and help throughout this research. The skills and knowledge that I have gained would not have been possible without his help.

## **Abstract**

Kelley Sarnelle  
TEACHER PERSPECTIVE OF SOCIAL THINKING  
2017-2018  
S. Jay Kuder, Ed.D.  
Master of Arts in Special Education

The purpose of this study was to obtain teacher's perspectives on students' social skills and problem behaviors before and after implementing a social skills curriculum to students with emotional and behavioral disabilities. Teachers were given a survey to rate students' social skills and problem behaviors prior to and following intervention. Students were then taught using the *Think Social!* social skills training program. Students participated in six sessions. Results showed that teachers reported that most of the students increased their social skills and decreased their problem behaviors after being taught using the *Think Social!* curriculum. Results suggest students with emotional and behavioral disabilities benefit from being explicitly taught social skills.

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## **Chapter 1**

### **Introduction**

Regardless of age, ethnicity, gender, or economic status many people struggle with emotional and behavioral disabilities (EBD). A student's disorder can range from emotional, to social, to physical problems. It is important that young children learn to control their acting-out behaviors so the issues do not escalate as they get older. Students with emotional and behavioral disorders may qualify for special education due to their difficulties. EBD can stem from a variety of sources, but if taught the correct coping strategies, it is possible for emotional and behavioral problems to be controlled. It is important for students to be in control of their acting-out behaviors so they can continue to access the least restrictive environment (LRE). Student who have EBD need a specific program that caters to their needs, and teaches them strategies to help be successful in the classroom. Unfortunately, many school districts do not have the proper programs in place to help students with EBD. When that is the case, students are often sent to an out-of-district placement in order to get the help and support that is needed. If administration and teachers had a better understanding of the needs of students with EBD, then more of those students would be able to be accommodated in the public school setting. These students are often seen as a disruption in the class, if they were taught effective coping strategies, then perhaps those disruptions would be minimized. A social skills curriculum would be especially helpful for these types of students. Often times students with EBD have trouble communicating effectively with adults and students, which causes them to act out in an inappropriate way. A social skills curriculum would focus on teaching

students with EBD how to better express their feelings and to be better communicate with adults and peers.

In this study, I implemented a social skills curriculum with students with EBD. The objective of using this curriculum is to help students develop awareness of their own thinking and social behaviors, and to teach strategies to help develop self-regulation of behaviors. I believe that students who receive instruction with a social skills curriculum, such as *Think Social!*, will improve their self-regulation of behaviors. As a teacher of a kindergarten, first, and second grade behavior disabilities class, I have noticed that students have a hard time expressing how they are feeling, and staying in control of their actions. While this is only my second year in the position, it is apparent to me that students with EBD thrive on consistency. It is my thought that *Think Social!* will provide a clear and consistent way for students to verbalize how they are feeling, instead of acting out in an inappropriate manner.

The research question that is examined in this study are:

Will students with emotional and behavioral disabilities who are taught using the social skills curriculum *Think Social!*, improve their ability to control their acting-out behavior compared to their past behavior?

For the purpose of this study, acting out behavior will be defined as work refusal, yelling/screaming, physical aggression (hitting, kicking, spitting), and talking disrespectfully. This study will be conducted in a self-contained behavior disabilities classroom consisting of one kindergartner, three first, and two second graders. A teacher survey will be used to develop a baseline of student behavior. The survey will be handed out prior to the implementation of the *Think Social!* lessons. Five of the students are

classified as Other Health Impaired (OHI) and one is classified as Autistic, all with a history of defiant behavior. In addition, all students are white males. After the implementation of *Think Social!*, another teacher survey will be conducted to see if there has been any improvement in student behaviors.

The *Think Social!* program is specifically designed to help children from school age to adults learn social-cognitive and communication skills. The program has been proven to help students with high-functioning autism, Asperger's Syndrome, nonverbal learning disabilities, and ADHD ("Think Social!, n.d.). *Think Social!* can also be used with students who do not have disabilities. The lessons taught using this curriculum will help to teach students the basics of working and thinking in a group, how to interpret verbal and nonverbal language, problem solving, and self-awareness and self-monitoring.

If the *Think Social!* curriculum is successful at teaching students with EBD to control their behaviors students, teachers, and schools would all benefit. As mentioned previously, the goal for these students is to leave the self-contained environment and rejoin their peers in the general education classroom. Students with EBD typically come with a negative stigma, due to the challenges they present while in the classroom. As part of the behavior disabilities class, students with EBD are included in the general education setting for lunch/recess, specials (art, music, gym, etc.) and science and social studies. Unfortunately, teachers are not always welcoming of the students with EBD. Nor do the general education teachers always have the knowledge or skills to effectively teach students with EBD. Regardless of teacher willingness or skill set, the students with EBD are placed into their classes. While the students attend with an instructional assistant, disruptions due to behaviors do occur. It is the hope that *Think Social!* will teach the

students to express themselves through socially appropriate ways so that the disruptions while out in the general education class, are minimized. In addition, it is the hope that as the students mastered the social skills curriculum and could incorporate it into their daily lives independently, the students would then be able to spend more time in the general education classroom.

Students with emotional and behavioral disabilities struggle to effectively communicate and interact with both adults and peers. They lack the social skills needed to do so. It is the hope that a social skills curriculum that is taught in a consistent manner would help students with EBD effectively communicate with others. If successful, students with EBD can spend less time in the self-contained classroom and more time in the general education with their peers.

## **Chapter 2**

### **Review of Literature**

#### **Students with Emotional and Behavioral Disabilities**

Emotional and behavioral disabilities (EBD) does not have boundaries when it comes to race and gender, yet, the population of students with EBD is more heavily weighted towards males. The parents of approximately 8.3 million children aged 4-17 have talked to a healthcare provider about their child's emotional or behavioral difficulties (Council, 2017). According to the Council for Exceptional Children (2017), the Individuals with Disabilities Education Act defines emotional and behavioral disabilities as,

...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

Characteristics of students with EBD can include, but is not limited to, hyperactivity, short attention span, impulsiveness, aggression, self-injurious behavior, withdrawal from social interactions, excessive fear, anxiety, immaturity, poor coping skills, and learning disabilities. Some of the more common emotional disturbances are anxiety disorders,

bipolar disorder, conduct disorder, eating disorders, obsessive-compulsive disorder, and psychiatric disorders (Council, 2017).

In the classroom, students with EBD can exhibit behaviors such as noncompliance, aggression, disruption, self-injury, property damage, and antisocial responses (Lugt, 2007). Due to these behaviors, students who are classified as EBD are placed into more restrictive learning environments and often encounter more disciplinary actions than their peers (Robinson-Ervin, Cartledge, Musti-Rao, Gibson, & Keyes, 2016). Students with emotional and behavioral disabilities often suffer from both short and long-term impacts to their future success due to their disabilities. Students with EBD often suffer from academic underachievement that cannot be explained by intellectual, sensory, or health impairment (Lugt, 2007). The academic success of students with EBD has been found to be a year or more below grade level compared to their non-disabled counterparts (Spencer, Simpson, & Oatis, 2009). In addition to low academic achievement, students with EBD often earn lower grades, fail more courses, and have a higher risk of being expelled or dropping out of high school (Buchanan, Nese, & Clark, 2016).

### **Importance of Social Skills**

Social skills are one key to being able to live a happy, successful life. Social skills allows one to interact with the environment around them, and have successful relationships with friends, associates, and peers. Poor social skills could lead to low childhood social competence, mental health problems, substance abuse, and loneliness later on in life (Gumpel, 2007). Having effective social skills allows individuals to have positive interactions with one's environment. When one has positive interactions with the environment around them, they gain access to positive responses and avoid negative

ones. This ability allows children to adapt to the social demands of the environment. If there is a deficit in a student's ability to navigate through the social demands of an environment, they are at risk for peer rejection, demotivation in learning, and academic failure (Aljadeff-Abergel, Ayvazo, & Eldar, 2012). Students with EBD often suffer from a deficit in their social ability. Both internalizing behaviors, such as anxiety and depression, and externalizing behaviors, such as aggression and noncompliance, inhibit students from creating and maintaining social relationships with peers, teachers and adults (Lugt, 2007). Students with EBD often lack positive peer relationships and are often associated with a peer group that encourages inappropriate behaviors. These students often face higher rates of peer rejection by preferred peers. In addition, students with EBD often exhibit antisocial behaviors, which are behaviors that fail to conform to societal expectations (Conley, Marchant, & Caldarella, 2014).

### **Social Skills Intervention Strategies**

Researchers have used a variety of methods to help teach students to enhance their social skills. One technique that was examined was through *Education Through the Physical (ETP)*. Aljadeff-Abergel et al. (2012) explain that ETP is used to target cooperation, assertion, responsibility, and self-control. ETP teaches social skills through movement; the teaching of social interactions is integrated into a child's love for play and activities. ETP uses physical play to promote the learning of social skills. While Aljadeff-Abergel et al. (2012) did not conduct a study using ETP, they provide a sample of activities that could be used to teach social skills to students with EBD. The ETP model targets 12 behavioral goals; specific goals can be chosen based on student needs, or all goals can be used. Aljadeff-Abergel et al. (2012) stresses the importance of spending

time to create rapport with students with EBD prior to implementing instruction using ETP.

One example of a behavioral goal as related to ETP is dealing with demands. The game associated with dealing with demands would be a treasure hunt that students would complete individually. The game is used with a student's less preferred academic activity. The demand of the academic activity is infused into a treasure hunt game in which finding the clue for the treasure is contingent on completing the academic task. Another example of a behavioral goal is cooperation with others. A game for this goal would "All Together Now", played in small groups. In the game "All Together Now", two students would place a balloon between their bellies and travel to and from the start line without dropping the balloon. (Aljadeff-Abergel et al, 2012). The strategies provided by the authors are a way to implement social skills activities in a fun and authentic way.

Peer tutoring has been used as a strategy to help students with EBD. Between the years of 2001 and 2007, there have been nine studies in which students with EBD have served as tutors/tutees to teach both academics and social skills (Spencer et al., 2009). The use of peer tutoring is a research-based strategy that has been a proven effective when used with students with EBD. A literature review conducted by Spencer et al. (2009) focused on studies whose primary purpose was to examine school aged, same-age or cross-age, peer tutoring with students with EBD serving as either tutors or tutees. The studies that were looked at included a range of placements: self-contained schools, self-contained classrooms, resource classrooms, and general education classrooms. Placements ranged from elementary school through high school. The focus on peer tutoring was both academic skills and social skills. Intervention ranged from 4 weeks to



the entire school year; sessions averaged to 26 minutes four times a week (Spencer et al., 2009).

Five out of the nine studies identified by Spencer et al. (2009) were at the elementary level. Three of the five elementary studies used Peer-Assisted Learning Strategies (PALS) in accordance to reading intervention. Results for these studies are as followed. Students in the first study using PALS showed an increase in basic reading skills, but limited transfer to reading fluency. The second study showed an increase in letter-sound identification and blending, but the blending probes showed inconsistency. The third study using PALS showed moderate gains in the areas of nonsense word fluency, sound name, and segmenting. The fourth study that used PALS focused their intervention on repeated reading. Results showed an increase in both passage comprehension, letter-word identification, and reading fluency. The fifth elementary schools used role reversal peer tutoring in hopes of improving classroom behavior. Data was collected on pushing, hitting, cursing, screaming, interrupting others, and out-of-seat behavior. After implementation of peer tutoring, there was a reduction of frequency and duration of targeted behaviors (Spencer et al., 2009)

Of the nine studies, two were conducted at the middle school level. The first study reviewed by Spencer et al. (2009) used explicit strategy instruction in a social studies class. After implementation of the strategy, students reported that they enjoyed peer tutoring and teachers believed peer tutoring and strategy instruction positively affected student performance. The second study conducted at the middle school level focused on the effects of reciprocal peer tutoring and self-graphing of reading data on the disruptive behavior, active responding, and reading fluency. The PALS procedure was used in this

study. Results showed a decrease in disruptive behaviors and an increase in active responding. In addition, students made academic progress (Spencer et al., 2009).

The final two studies were conducted at the high school level and used class wide peer tutoring. In the first high school study, biology was the academic focus. The study showed that students were more on-task and engaged in academic tasks with the use of class-wide peer tutoring. The final study compared peer tutoring and teacher-directed guided notes in a world history class. Students who were a part of the peer tutoring group significantly outperformed those in the guided notes group (Spencer et al., 2009).

Based on the literature review conducted by Spencer et al. (2009) it would seem that peer tutoring has a positive effect on students with EBD when it comes to academic tasks. While the focus of these studies is primarily academic, the use of peer tutoring with students with EBD has been shown to be effective.

Social skills programs target negative social behavior and teach students a more appropriate way to interact with peers and adults. One study used the social skills intervention program called *Stop and Think*. *Stop and Think* uses a 5-step process to teach social skills: stop and think, identify good and bad choices, identify steps to performing the good choice, implement steps, reflect on the good choice you made. McDaniel, Bruhn, and Troughton (2016) used *Stop and Think* in two classrooms with students with challenging behaviors. A total of five students were included in the study. Ten social skills were chosen from the *Stop and Think* curriculum, the same five lessons ended up being taught to both classes. Teachers implemented a total of 12 social skills sessions in each of the classrooms. Topics focused on using nice talk, accepting consequences, ignoring others, and following directions. Sessions took place three times per week for 30

minutes; there was an additional session once a week for one hour. Overall results show that the *Stop and Think* intervention was effective during acquisition. While the percentage of negative social behaviors did increase during post-curriculum time, the percentage was much lower when compared to the baseline data. Therefore, it would seem the *Stop and Think* curriculum was effective and students would benefit from continued use of the program (McDaniel et al., 2016).

### **Social Skills Intervention Using Technology**

Technology can be integrated into all facets of instruction, including teaching social skills and self-management with students with disabilities. In a study conducted by Blood, Johnson, Ridenour, Simmons, and Crouch (2011), a student was having difficulties with frequent off-task behavior and disruptive behavior during small group instruction. A single-subject changing-conditions design was used in their study to investigate the effects of video modeling versus video modeling combined with self-monitoring. The first stage of the study, video modeling, involved the subject watching a short video before small group instruction that would remind the student of the expectations of the group. The student then watched the short video on an iPod Touch. When moving on to stage two of the study, video modeling combined with self-monitoring, the student was taught the difference between on-task and off-task behavior, and how to record their behavior. The student watched a video that would demonstrate the student doing on-task, and off-task behaviors. When it was time to participate in small group instruction, the student watched the on/off task behavior video. Then, the student used a timer set at 2 minute intervals, on the iPod Touch, to notify when to record self-monitoring. The use of video modeling paired with self-monitoring had a positive effect

on the student's on-task and disruptive behavior during small group instruction. Results suggest that success could be attributed more to the self-monitoring compared to the video modeling due to the teacher's input that the student became bored of watching the video several times (Blood et al., 2011).

Similarly, a study conducted by Clees and Greene (2014) used video-based exemplars to teach compliance of students who had behavior disabilities. The study included six secondary students with behavioral disorders. Teachers nominated these students due to noncompliant behavior that interfered with learning. Researchers implemented two concurrent studies. One study used Discriminative Stimulus Social Skills Training (DS-SST), while the second study used Peer Assisted Social Skills Training (PA-SST). The DS-SST study used videotapes of exemplar on-task behavior. Students in the DS-SST study watched the exemplar video, then were told what the teacher was asking the student to do. This was repeated a second time. Then the student was asked to watch a video and respond as to what the teacher was asking/telling the student to do. With the second experiment, PA-SST was used. During this experiment, students with disabilities were paired with a non-disabled peer. The peer would then model compliant behavior for teacher requests. Then the participant was asked to act out the same request, and model the peers' behavior. Results showed an increase in compliance for both DS-SST and PA-SST (Clees & Greene, 2014).

An important factor when going to teach any students is to take into consideration their cultural backgrounds. One method to incorporate culture into teaching is culturally relevant/responsive instruction. Culturally relevant/responsive instruction focuses on teaching what is meaningful to the learning. When teaching, cultural knowledge, prior

experiences, and performance styles of learners should be used during instruction. This especially holds true for students with EBD. One set of researchers wanted to examine the effects of using culturally relevant/responsive, computer-based social skills instruction with 6 African American sixth graders. Their goal was to see the effects on social skill acquisition and generalization. Their focus was on students following adult behavior, engaging in disruptive behaviors, and difficulties developing peer and adult relationships. Robinson-Ervin et al. (2016) used explicit social skills instruction delivered through a computer based lessons paired with face-to-face group practice sessions. A token economy system was used to teach and reinforce when students followed adult directions. Results of the study showed that all students had an increase in following adult directions when comparing intention data with baseline data. In addition, adults working with the students reported that students became better at remaining on task after a direction had been given and thinking before acting (Robinson-Ervin et al., 2016).

### **Summary**

Students with EBD face a variety of challenges. These challenges include both social and academic difficulties. A deficit in social skills can be detrimental in childhood and make a lasting impression throughout adulthood. Improving social skills in a student with EBD can help improve the outcome for later in life, Therefore, social skills need to be taught, learned, reinforced starting from a very young age in order to make a difference. Research has shown that explicit teaching of social skills has proven to be effective in helping students with EBD control their acting out behaviors. It is the hope that with continued teaching of social skills that students with EBD will have a better chance of succeeding both socially and academically. The purpose of this research to

implement a social skills program and collect data based on teacher observation on student behavior.

## **Chapter 3**

### **Methodology**

#### **Settings and Participants**

This study focused on the teacher perspective of student behaviors. The teachers who provided their perspective on student behavior included four general education teachers, five instructional assistants, and five related arts teachers (gym, art, music, etc.). The students observed were five students who were in the behavior disabilities class. Students ranged from age 5 to age 7; all students were male. Four students were classified as Other Health Impaired, and one was classified as Autistic.

Under the New Jersey code of classification for special education, Other Health Impaired (OHI) is defined as a disability that is characterized by having limited strength, vitality or alertness, including a heightened alertness with respect to the educational environment, due to chronic or acute health problems, such as attention deficit disorder or attention deficit hyperactivity disorder (ADHD), or any other medical condition, that adversely affects a student's educational performance. The students who are classified as OHI display a range of behaviors including, but not limited to, impulsivity, hyperactivity, non-sustained attention, oppositional defiance, ADHD, anxiety, emotional outbursts, physical outbursts, and verbal outbursts. Under the New Jersey code of classification for special education, Autistic is defined as a pervasive developmental disability which significantly impacts both verbal and nonverbal communication, as well as social interaction, which adversely affects a student's educational performance.

All students have an Individualized Education Program (IEP) that was written by the school district. Each student had individualized goals and objectives that were focused both on academic skills and emotional/behavioral skills. Since these students specifically struggled with their behaviors in the classroom, part of their IEP was a behavior modification program. Each student had four rules that they must follow throughout the day (i.e. follow directions, keep hands and feet to self, raise hand and not call out, respect my teachers and friends). Students earn free time throughout the day for following their individualized rules. Free time is defined as a time that students can choose to play with the toys in the classroom, draw, read a book, or use their Chromebooks.

### **Procedure**

The teachers and instructional assistants that were identified to participate in the study were given a survey to fill out regarding student behavior and interactions in the classroom. Teachers returned the survey to the researcher in January 2018. Students were then given instruction using the *Think Social!* Program. The *Think Social!* Instruction took place over the course of six weeks, from January 2018 to February 2018. The researcher met with students once a week for thirty minutes. All students participated in the group at the same time.

The instruction was delivered using the lessons from Think Social! A Social Thinking Curriculum for School-Age Students. Two of the eight sections of the program were selected to be taught over the six sessions. The first section that was taught was *Self-awareness of and Self-monitoring Our Behavior in a Group* and the second section was *Our Language Makes Others Have Different Thoughts and Feelings*.



In session one, the discussion focused on the importance of student's attention. As a group, the students pretended to “space out” and notice that each other’s body was still in the group, but their brain had “rolled away”. It was explained to students how important it is for others to know that they are paying attention and being a part of the group.

The second session focused on good thoughts versus unexpected thoughts. It was explained that students generate opinions of others based on behavior. A video was watched so that students could identify expected and unexpected behavior. Then colored popsicle sticks were used to represent “good thoughts” about students (i.e. expected behavior); unexpected behavior was represented by red popsicles. Throughout the lesson, students were given red or blue popsicles based on their behavior.

In session three, each student was given a target behavior to work on. The teacher whispered the target behavior to each student, it was their “secret”. Students were given a paper strip with their target behavior. The target behavior was explained and demonstrated for each student. Students were taught to pay attention to their behavior in order to self-monitor and correct behavior as needed.

In session four, students were taught the difference between rude interruptions versus acceptable interruptions. Students were first reminded that interruptions can be part of a healthy conversation, if it is done at the right time. Then, acceptable interruptions were explored and discussed. Next, rude interruptions were explored and discussed. Examples of both acceptable and rude interruptions were acted out to provide visual examples.

In session five, students were taught the importance of body language as a part of communication. A focus was put on eye contact while speaking and proximity to whom they are speaking to. Students practiced talking to each other and teachers in order to reinforce proper body language.

Finally, in session six, the focus was on clarifying needs and asking for help. Students explored numerous reasons as to why they would need to ask for help. Then students explored ways to ask for help, and practiced those ways.

After the six instructional sessions with students, another survey was distributed to the identified teachers. Teachers were asked to respond to questions regarding student behavior and interactions in the classroom. The focus was on whether teachers observed any changes since the instruction in the *Think Social!* Program.

### **Variables**

The independent variable in this study was the lessons taught using the *Think Social!* Program. The goal of instruction was to improve student ability to control their acting-out behavior.

The dependent variable in this study was the student's behavior during both the instructional lessons and throughout the remainder of the school day. The teacher survey was used to measure changes in student behavior.

### **Limitations**

The *Think Social!* program, using Think Social! A Social Thinking Curriculum for School-Age Students, consists of a total of eight sections featuring a total of 69 lessons. In the purpose of this study, only 6 of the 69 lessons were taught. Those lessons focused on the specific aspects that were targeted.

## **Chapter 4**

### **Results**

#### **Summary**

In this study, the social skills program, *Think Social!* was implemented with students with emotional and behavioral disorders. The goal was to examine the effects of the *Think Social!* program on the students' behaviors. Teachers and instructional assistants were surveyed regarding students' social skills and problem behaviors prior to intervention and post intervention. The research question to be answered by this research was: Will students with emotional and behavioral disabilities who are taught using the social skills curriculum *Think Social!*, improve their ability to control their acting-out behavior compared to their past behavior?

#### **Results**

Table 1 through Table 6 use the data collected from the teacher surveys to compare students' social skills and problem behaviors prior to intervention and post intervention. Teachers were asked to rate each of the students in the behavior disabilities class on both social skills and problem behaviors. The teacher survey consisted of a total of 48 questions; 30 questions asked about students' social skills and 18 questions asked about problem behaviors. Teachers rated each behavior on a scale of one (never), two (sometimes), or three (very often). When rating social skills, a score of a three, or very often, would be considered optimal. When rating problem behaviors, a score of one, or never, would be considered optimal.

Table 1 shows the pre-intervention and post-intervention scores. The class average for social skills prior to intervention was a 2.04. After intervention, the class

average social skills score increased to 2.18. Prior to intervention, the class average for problem behaviors was 1.87; post intervention, the class average decreased to 1.78.

Table 1

*Pre & Post Intervention Scores- Class Average*

	Social Skills	Problems Behaviors
Pre	2.04	1.87
Post	2.18	1.78

Table 2 compares scores for student 1. A total of eight surveys were distributed for student 1 for both pre- and post-data. Four teachers/instructional assistants filled out pre- intervention surveys for this student; their scores were averaged. Student 1 received an average score of 2.02 for social skills and an average score of 1.73 for problem behaviors prior to intervention. Six teachers/instructional assistants filled out post intervention surveys for this student; their scores were averaged. Student 1 received an average score of 2.24 for social skills and an average score of 1.61 for problem behaviors prior to intervention.

Table 2

*Pre & Post Intervention Scores- Student 1*

	Social Skills	Problems Behaviors
Pre	2.02	1.73
Post	2.24	1.61

Table 3 compares scores for student 2. A total of ten surveys were distributed for student 2 for both pre- and post-intervention. Five teachers/instructional assistants filled out pre- intervention surveys for this student; their scores were averaged. Student 2 received an average score of 2.06 for social skills and an average score of 1.67 for problem behaviors prior to intervention. Eight teachers/instructional assistants filled out post intervention surveys for this student; their scores were averaged. Student 2 received an average score of 2.12 for social skills and an average score of 1.93 for problem behaviors prior to intervention.

Table 3

*Pre & Post Intervention Scores- Student 2*

	Social Skills	Problems Behaviors
Pre	2.06	1.67
Post	2.12	1.93

Table 4 shows the pre-assessment scores for student 3. A total of nine surveys were distributed for student 3 for both pre- and post-data. Five teachers/instructional assistants filled out pre- intervention surveys for this student; their scores were averaged. Student 3 received an average score of 2.02 for social skills and an average score of 1.85 for problem behaviors prior to intervention. Six teachers/instructional assistants filled out post intervention surveys for this student; their scores were averaged. Student 3 received an average score of 2.23 for social skills and an average score of 1.67 for problem behaviors prior to intervention.

Table 4

*Pre & Post Intervention Scores- Student 3*

	Social Skills	Problems Behaviors
Pre	2.02	1.85
Post	2.23	1.67

Table 5 shows the pre-assessment scores for student 4. A total of nine surveys were distributed for student 4 for both pre- and post-data. Four teachers/instructional assistants filled out pre- intervention surveys for this student; their scores were averaged. Student 4 received an average score of 2.03 for social skills and an average score of 1.99 for problem behaviors prior to intervention. Five teachers/instructional assistants filled out post intervention surveys for this student; their scores were averaged. Student 4 received an average score of 2.13 for social skills and an average score of 1.83 for problem behaviors prior to intervention.

Table 5

*Pre & Post Intervention Scores- Student 4*

	Social Skills	Problems Behaviors
Pre	2.03	1.99
Post	2.13	1.83

Table 6 shows the pre-assessment scores for student 5. A total of nine surveys were distributed for student 5 for both pre- and post-data. Five teachers/instructional assistants filled out pre- intervention surveys for this student; their scores were averaged. Student 5 received an average score of 2.09 for social skills and an average score of 2.10 for problem behaviors prior to intervention. Six teachers/instructional assistants filled out post intervention surveys for this student; their scores were averaged. Student 5 received an average score of 2.21 for social skills and an average score of 1.86 for problem behaviors prior to intervention.



Table 6

*Pre & Post Intervention Scores- Student 5*

	Social Skills	Problems Behaviors
Pre	2.09	2.10
Post	2.21	1.86

## **Chapter 5**

### **Discussion**

This study examined the effects of implementing a social skills curriculum with students with behavioral disabilities. The study examined teacher's perceptions of changes in students' social skills and problem behaviors following instruction in the social skills curriculum. This study used surveys completed by teachers and instructional assistants to gather data on student behavior. All of the teachers and instructional assistants who participated in the study had contact with the students with behavior disabilities. Teachers and instructional assistants completed surveys on a total of five students who were in the behavior disabilities class. Students ranged in age from age 5 to age 7. All students were male. Four students are classified as Other Health Impaired and one was classified as Autistic.

The results of this study show that as a class, students gained 0.14 points in social skills and decreased their problem behaviors by 0.09 points. An increase in social skills and a decrease in problem behavior was the desired outcome for this study. When looking at individual students in this study, teachers and instructional assistants observed that all students gained skills in social skills. Gains in social skills ranged from 0.06 to 0.22. A larger gain in social skills is a more desired outcome, but even a small gain is seen as improvement. When it came to problem behaviors, teachers and instructional assistants reported that four out of the five students decreased their problem behaviors. It was reported that one student's problem behaviors increased.

When comparing the results of this study to similar studies, it is apparent that the use of a social skills curriculum with students with emotional behavior disabilities has a

positive outcome. While there is not a large amount of data or studies available on students with emotional and behavioral disabilities when paired with social skills curriculum, it would seem that teaching of social skills is necessary. In both this study and similar studies, students typically increase their social skills and decrease their problem behaviors. Students with emotional and behavioral disabilities need to be taught how to socialize and what is considered expected behavior in the classroom. Without teaching students these skills, they are at risk of failing both socially and academically.

The following are examples of studies that have been conducted that had similar outcomes to this study. McDaniel, Bruhn, and Troughton (2016) conducted a study using the social skills intervention program called *Stop and Think*. The goal of *Stop and Think* teaches students to stop, think, and make the appropriate choice. This curriculum is similar to *Think Social!* as they both try to teach students more appropriate ways to act and react. The results of McDaniel et al. (2016) was the same as this study, it showed that problem behavior decreased during acquisition. Although, the percentage of negative social behaviors did increase during post-curriculum time, the percentage was much lower when compared to the baseline data in the McDaniel et. al study. Post-curriculum time data was not collected from this study, and therefore cannot be compared.

A study conducted by Blood, Johnson, Ridenour, Simmons, and Crouch (2011) paired the teaching of social skills with self-management; videotaping the students was used in this study. Results show that the use of video modeling paired with self-monitoring had a positive effect on the student's on-task and disruptive behavior during small group instruction. When compared to this study, students were both taught to self-monitor their behavior, with the help of teachers. It was noted that in this study, during

and post intervention, students were able to recognize their problem behaviors with fewer reminders. Results of both of these studies show that students who are taught to recognize problem behaviors are better at recognizing and changing that behavior at a future time. In a study conducted Tom J. Clees and Eric B. Greene (2014) video-based exemplars were used to teach compliance of students who had behavior disabilities. They concluded that using video exemplars paired with non-disabled peers pairing with students with disabilities had a positive effect on student compliance. Having a positive model helped students with emotional and behavioral disabilities be able to learn expected behavior, and be able to imitate that behavior. Similarly, in this study, students were shown expected, and unexpected behavior, as modeled by peers and adults. This gave students the opportunity to see and imitate the behavior that is expected of them.

Finally, Spencer et al. (2009) conducted a literature review that focused on same-age or cross-age, peer tutoring with students with EBD serving as either tutors or tutees. While using peer tutoring is a different approach when compared to this study, the goal was the same: provide guidance and modeling on expected behavior. The result of this student showed a positive effect on academic skills.

### **Limitations and Future Studies**

During this study, data on student behavior was not allowed to be kept. The school district in which the study took place did not allow for student data to be used for the purpose of this study. This limits the results of this study since the study is relying solely on feedback from teachers and instructional assistants. Another limitation was the number of surveys that were returned. A total of 90 surveys were distributed, only 54 surveys were returned. This means only 54.6% of teachers provided their feedback on

student social skills and problem behaviors. A final limitation would be that only 6 of the 69 *Think Social!* lessons were taught. In future studies, more of the *Think Social!* lessons should be taught to students. In addition, if permission can be gained from the school district, student data would be extremely helpful to gauge the effectiveness of the social skills curriculum.

### **Practical Implications**

In the current study, educators discovered the importance of social skills with students with emotional and behavioral disabilities. Students need social skills in order to be successful in all aspects of their lives. Educators also realized the importance of having a set curriculum to teach students social skills. Students with emotional and behavioral disabilities need to be explicitly taught what expectations are. A social skills curriculum provides educators with the ability to provide students with a well-rounded social skills education.

### **Conclusion**

This study sought to find the answer to the following question: Will students with emotional and behavioral disabilities who are taught using the social skills curriculum *Think Social!*, improve their ability to control their acting-out behavior compared to their past behavior? The data collected from teacher and instructional assistant surveys conclude that when provided instruction in social skills, problem behaviors decrease and social skills increase.

After instruction using *Think Social!* all five students showed an increase in social skills. Only one student showed an increase in problem behavior, the remaining four

students decreased their problem behaviors. The results of this study show that *Think Social!* had a positive effect on students.

After reviewing many articles, and the results of this study, it is apparent that students with emotional and behavioral disabilities benefit from being taught with a social skills curriculum. The goal of any school district should be to include all students with disabilities in the general education classroom for as much of the day as possible. In order for students with emotional and behavioral disabilities to be successful in the general education classroom, they need to be able to have the appropriate social skills. A social skills curriculum provides those students with the skills needed. With further research on social skills and understanding of students with emotional and behavioral disabilities it is likely that school districts will be able to include these students in the general education classroom.

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